

2123

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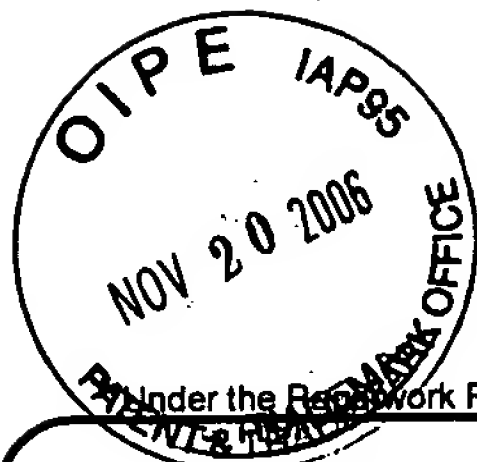
|   |                      |                        |                 |
|---|----------------------|------------------------|-----------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/897,429             |                 |
|   | Filing Date          | July 3, 2001           |                 |
|   | First Named Inventor | Robert J. HALES        |                 |
|   | Art Unit             | 2123                   |                 |
|   | Examiner Name        | Jason PROCTOR          |                 |
| Total Number of Pages in This Submission  | 2                    | Attorney Docket Number | H0630-0003-P003 |

| ENCLOSURES (Check all that apply)  |  |   |
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| Firm Name  | Bergman & Song LLP [Customer No. 64884]  |   |
| Signature  |  |   |
| Printed name   | Michael Bergman  |   |
| Date   | NOV 16 2006  | Reg. No. 42,318   |

| CERTIFICATE OF TRANSMISSION/MAILING   |                 |      |             |
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| Signature   |                 |      |             |
| Typed or printed name   | Michael Bergman | Date | NOV 16 2006 |

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PTO/SB/82 (01-06)

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CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                 |
|------------------------|-----------------|
| Application Number     | 09/897,429      |
| Filing Date            | July 3, 2001    |
| First Named Inventor   | Robert J. HALES |
| Art Unit               | 2123            |
| Examiner Name          | Jason PROCTOR   |
| Attorney Docket Number | H0630-0003-P003 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

64884

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|---|--------------------|-------|----|-----|-------|
| <input type="checkbox"/> Firm or<br>Individual Name | Bergman & Song LLP |       |    |     |       |
| Address   | P.O. Box 400198    |       |    |     |       |
| City  | Cambridge          | State | MA | Zip | 02140 |
| Country   | USA                |       |    |     |       |
| Telephone   | 617.868.8870       | Email |    |     |       |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

|           |                 |           |              |
|-----------|-----------------|-----------|--------------|
| Signature |                 |           |              |
| Name      | Robert J. Hales |           |              |
| Date      |                 | Telephone | 617.868.8870 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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